

AC/UN55

LEICESTERSHIRE COUNTY COUNCIL
EDUCATION COMMITTEE



ANNUAL
REPORT
OF THE SCHOOL MEDICAL
OFFICER FOR THE YEAR

1942

J. A. FAIRER, M.D., D.P.H.

The Tudor Press, Leicester

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17 FRIAR LANE,

LEICESTER.

February, 1943.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present to you my annual report on the work of the school medical department. As in previous war years, on the advice of the Board of Education, and in pursuance of a policy of rigid economy both in paper and in man power, the report has been severely curtailed.

It is with pleasure that I have to report that the health of the child population of the county shows no sign of deterioration. Apart from a slight change in mental outlook, a toughening in character, the modern child is unchanged as compared with pre-war years. In general physique he is indistinguishable, and his resistance to disease appears unchanged.

During the course of the year the greater part of the evacuee population returned to their homes, and as a consequence the task of maintaining an efficient health service has been made considerably easier. The absence of any major disturbance during the year has enabled the staff to perform a very satisfactory amount of work, and the slightly increased time available for the inspection of individual children has benefited the efficiency of the service very considerably. Thus although the number of routine examinations carried out during 1942 was 9,920 as compared with 10,856 in the previous year, the number of children treated shows an increase. The minor ailments clinics treated 2,581 cases as compared with 1,923 in 1941, and 1,952 defects of the eye were treated as compared with 1,834 in the previous year.

A nutrition survey was made during the early months of 1942 and as a consequence the total number of special examinations carried out increased from 9,972 to 22,938.

Considerable difficulty has been experienced in maintaining the efficiency of the school dental service. Five of the staff are now serving with the forces and with the exception of the appointment of Dr. Schatzberg it has been found impossible to replace these officers by temporary appointments. The shortage of staff entails longer intervals between each inspection, and as a consequence many defects are more severe when they are discovered, and the amount of time devoted to emergency treatment has to be increased.

At the request of the Board of Education a small investigation was carried out by Mr. Ashton, my chief school dentist, and Dr. A. E. Martin, my senior assistant, with the object of determining whether an increase in the quantity of mineral salts taken by mouth would cause a decrease in dental caries and oral sepsis. In the case of individual children some of the results seemed promising, but taken as a whole in comparison with an untreated control group of children the results were inconclusive.

My deputy, Dr. A. A. Lisney, continues to devote the greater part of his time to Civil Defence and other duties, and I have to thank Dr. A. E. Martin and Mr. W. A. Thornton for the compilation of this report. I must tender my grateful thanks to the whole of my medical, nursing and clerical staff for their hard work and untiring efforts.

In conclusion I must express my appreciation to the Chairman and Members of my Committee for the kind consideration and help which they have extended to me.

I have the honour to be, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. A. FAIRER,

School Medical Officer.

REPORT.

I.—STAFF OF THE SCHOOL MEDICAL SERVICE.

School Medical Officer:

J. A. Fairer, M.D., D.P.H. (County Medical Officer of Health).

Deputy School Medical Officer:

A. A. Lisney, M.A., M.D., D.P.H. (Deputy County Medical Officer of Health).

Senior Assistant School Medical Officer:

(Also Assistant County Medical Officer and Medical Officer of Health for Oadby and Wigston Urban District Councils):

A. W. S. Thompson, M.B., M.R.C.P. (Edin.), D.P.H. (*On military service*).

A. E. Martin, M.D., D.P.H. (*temporary*).

Assistant School Medical Officers:

I. B. Lawrence, B.Sc., M.B., Ch.B., D.P.H. (Assistant County Medical Officer of Health and Medical Officer of Health for Barrow-upon-Soar Rural District).

S. E. Murray, M.B., B.S.

Mary E. Weston, M.B., B.S.

Constance Walters, B.Sc., M.B., B.Ch. (School Oculist).

Margaret O. Cruickshank, M.A., M.R.C.S., L.R.C.P.

School Dental Surgeon:

P. Ashton, L.D.S.

Assistant School Dental Surgeons:

A. E. Ward, L.D.S.

C. L. R. McLellan, L.D.S.

D. R. A. Wilcox, L.D.S.

L. D. Smith, L.D.S. (*on military service*).

W. E. Lyne, L.D.S. (*on military service*).

L. Rodgers, L.D.S. (*on military service*).

W. G. Campbell, L.D.S. (*on military service*).

K. Lees, L.D.S. (*on military service*).

S. Schatzberg, M.D. (Vienna), (*appointed temporarily 17.2.42*).

G. Fryer, L.D.S. (*appointed 27.7.42, resigned 30.11.42*).

SCHOOL NURSES.

- *Miss G. E. Butler (Superintendent).
- *†Miss A. Addy, S.R.N.
- *Miss E. S. Bonser, S.R.N.
- Mrs. A. D. Antrobus, S.R.N.
- Mrs. S. J. Bourne, S.R.N.
- Mrs. P. Brunsden, S.R.N.
- †Mrs. F. E. Cade.
- *Miss G. I. Carryer, S.R.N.
- Miss M. J. Casey, S.R.N.
- Miss M. A. Dilworth, S.R.N.
- *Miss G. E. Earl, S.R.N.
- *Miss E. Y. Feakin, S.R.N.
- Miss L. Fox, S.R.N. (*retired 30.4.42*).
- Miss T. M. Griffiths, S.R.N.
- Miss D. M. Hill, S.R.N. (*appointed 9.2.42*).
- Miss M. L. Hill, S.R.N.
- Miss G. McIlrath, S.R.N. (*appointed 1.5.42*).
- †Miss K. A. Marsh, S.R.N.
- *Miss W. C. Porter, S.R.N.
- Miss E. H. Seabrook.
- Miss W. A. Simmons, S.R.N.
- Mrs. E. E. Wright, S.R.N.

All are fully trained nurses and hold the Certificate of the Central Midwives' Board. Those marked † hold the certificate of Sanitary Inspector and those marked * have the Health Visitors' certificate (Ministry of Health).

Evacuation—Transferred Staff.

Of the school nurses seconded from other authorities for evacuation duties in the county, one returned to London during the year, and on December 31st there remained only one London school nurse.

II.—GENERAL STATISTICS.

Population (Registrar General's estimate, 1941)—

Administrative County of Leicester	...	...	...	328,500
Population for purposes of elementary Education (Borough of Loughborough, a separate education authority, excluded)	...	...	...	293,210

Number of elementary schools—

Council Schools	...	...	...	...	...	113
Voluntary Schools	...	...	...	...	...	165
				Total	...	278

Number of children on rolls of elementary schools	...	33,614
Average attendance at elementary schools	...	31,349
Number of children on rolls of secondary schools	...	4,486

Additional Population due to Evacuation Schemes.

A considerable proportion of the evacuated school children have now returned to their homes.

Last year I reported that the number of evacuees of school age was reduced to 8,995. On October 30th, 1942, the number had fallen to 3,924; and of these 3,644 were elementary school children and 280 were in secondary schools.

III.—MEDICAL INSPECTION.

Routine medical inspection of children in the scheduled age groups has been continued, and as far as possible evacuees have been examined at the same time as our own children. Owing to the small number of evacuees now remaining in the county it has not been possible to maintain separate records of their inspection.

The number of children examined was as follows:—

Elementary Schools	...	...	...	...	...	9,920
Secondary Schools	...	...	...	...	...	2,148

During the early part of the year a considerable time was devoted to special examinations in connection with the "Nutrition Survey."

In my last report it was suggested that the resignation of one of the Assistant School Medical Officers would necessitate the introduction of a modified scheme of routine inspections. This was not found necessary as a temporary medical officer was appointed by the Ministry of Health. Although her duties were primarily connected with the Maternity and Child Welfare Department, part of her time was occupied in routine examinations and school clinics.

IV.—FINDINGS OF MEDICAL INSPECTION.

Uncleanliness.

The number of cases discovered was 197 at routine inspections, 154 at school clinics and 6,607 at "march past" examinations conducted by the school nurses. 24 verminous children were excluded from school.

Tonsils and Adenoids.

A total of 697 children were referred for treatment, comprising 290 cases of enlarged tonsils, 84 of adenoids, 297 both tonsils and adenoids and 26 children were referred for the treatment of other conditions of the nose and throat. In addition 649 children were recommended to be kept under observation for some abnormal condition of the nose and throat.

Tuberculosis.

No definite case of pulmonary tuberculosis was discovered during routine examinations but nine doubtful cases were referred for observation. Five cases of non-pulmonary tuberculosis were referred for treatment and one for observation.

Defective Vision and Squint.

The number of cases referred to the School Oculist was 860. Of this total 744 were cases of defective vision and 116 cases of squint. In addition 31 cases were referred for observation.

External Eye Disease.

The number of cases referred to the School Oculist was 42 which included 17 cases of blepharitis, 10 of conjunctivitis and 15 other diseases of the eye.

Ear Diseases and Defective Hearing.

A total of 126 children were referred for treatment, 35 for defective hearing, 78 for otitis media and 13 with other diseases of the ear. 29 cases were referred for observation.

Dental Defects.

During routine examinations 1,337 children were reported as having four or more carious teeth.

Crippling Defects.

87 cases of crippling defects were referred for treatment and a further 23 cases were noted to be kept under observation.

Nutrition.

Each child examined at routine inspections is classified according to the Board's requirements. During routine examinations 42 children were found to require treatment, and 7 to require keeping under observation.

The early months of the year were devoted to an additional nutritional survey of all children in certain parts of the county, who had not been examined during the previous year.

V.—INFECTIOUS DISEASE.

The principal feature of interest has been a high incidence of diphtheria which has been of a generalised endemic type. In one place, Anstey, the disease assumed epidemic proportions, and active steps were taken at the end of the year for its control.

Epidemics of measles occurred in many parts of the county and the number of cases, though excessive, has been no greater than in previous epidemic years.

Scabies and impetigo have continued to be prevalent and much of the time of the school nurses is devoted to the detection of these two conditions. A marked decline in the incidence of these diseases was noted during the latter half of the year.

Four schools were closed during the year owing to infectious diseases. One was closed for 10 days on account of chickenpox, one for 14 days owing to measles and two at Anstey due to the diphtheria epidemic. The latter schools were closed towards the end of December for 9 days and 483 children were affected.

Certificates of low attendance were issued in the case of 48 schools. The corresponding figure for last year was 76.

						No. of Schools.	Average period in "School Days"
Measles	...	...	...	...	...	18	9.3
Mumps	...	...	...	...	...	13	5.6
Chickenpox	...	...	...	...	...	7	10.7
Whooping Cough	...	...	...	...	...	4	10
Scarlet Fever	...	...	...	...	...	2	9
Mumps and Chickenpox	...	...	...	...	...	2	4.5
Chickenpox and Colds	...	...	...	...	...	1	2
Chickenpox and Measles	...	...	...	...	...	1	5

Diphtheria Immunisation.

Considerable progress with immunisation has been made during the year and large numbers of children have been dealt with both by district medical officers of health and by the staff of the County Health Department.

During November the Ministry of Health requested all health and education authorities to re-double their efforts. In Leicestershire a conference between the Regional Medical Officer and district medical officers of health was arranged. Schemes in difficult parts of the county were discussed and compared, and it was agreed that a propaganda drive should be made by the education department. Secondly, the assistance of every teacher in the county was enlisted and both consent forms and pamphlets are being sent to the home of every child not immunised.

A large proportion of the school children in the county have now been immunised and it is hoped that with personal persuasion by both teachers and school nurses the majority of the remainder will soon be included.

Although a high proportion of the children have now been immunised, it will be noted that the number of cases of diphtheria still remains high. Comparatively few cases have occurred in immunised children and those which have occurred have almost invariably been mild. The vast proportion of cases have occurred among the 20% of children who are not immunised and it is obvious therefore, that whilst the incidence of this disease remains high the dice are heavily loaded against any child not immunised.

Infectious Skin Disease.

The additional sessions commenced at the school clinics last year were continued and the Ministry of Health also agreed to the in-patient treatment of county cases in their hostels. It was not found necessary to admit many cases under these arrangements but it gave my staff a feeling of confidence to know that in the event of a serious outbreak the cases could easily be dealt with.

As a result of the Ministry's Scabies Order most local authorities made some arrangements for out-patient treatment of this disease and in one particular district it was most effective.

VI.—FOLLOWING UP.

During the year the School Nurses made 5,959 visits to the homes of children for the purpose of following up cases referred for treatment or observation.

VII.—MEDICAL TREATMENT.

Minor Ailments.

The number of attendances at school clinics was as follows:—

Clinic.	Children.	Attendances.
South Wigston	571	1,699
Hinckley	690	2,091
Melton Mowbray	435	1,006
Coalville	460	1,575
Market Harborough	119	721
Leicester	190	219
	<hr/> 2,465	<hr/> 7,311

Ear Diseases and Defects.

During the year 10 children attended the Leicester City Clinic for ear treatment.

Defective Vision.

The school oculist examined 1,952 children during the year including secondary school children and evacuees. Of this number 1,612 were found to require glasses, 70 were wearing glasses which were considered satisfactory and in 202 cases glasses were not recommended.

Parents obtained glasses in 1,185 of these cases and 78 pairs were supplied free by the Committee. In addition 58 parents obtained glasses privately.

With the exception of the glasses obtained privately all were obtained through the department from the Committee's opticians.

Orthopaedic Treatment.

The clinics at Hinckley and Coalville have been continued during the year. Sessions are now held twice per week at each clinic and 182 half days were devoted to treatment. The number of attendances was 2,725.

Children are also referred to the Loughborough Cripples' Guild and the Leicester City Orthopædic Clinic. In-patients numbered 39 and were admitted to St. Gerard's Hospital, Coleshill 23, and the City General Hospital, Leicester, 16.

Tonsils and Adenoids.

These cases are still dealt with through the county scheme and the following cases were admitted for treatment.

Leicester	...	...	...	...	...	195
Melton Mowbray	...	...	...	...	...	57
Loughborough	...	...	...	...	...	19
Market Harborough	...	...	...	...	...	8
Hinckley	...	...	...	...	...	1

There is still a considerable waiting list but once more it is hoped that it will be reduced during the year 1943. The cost of treatment of these 280 cases was £377 but the parents contributed £334, leaving a balance of only £43 chargeable to the Committee.

Tuberculosis.

The number of children admitted to Markfield Sanatorium was 33, and of this number 21 were cases of non-pulmonary tuberculosis. In addition 31 surgical cases were admitted to the following hospitals: St. Gerard's Hospital, Coleshill, 4, Harlow Wood Orthopædic Hospital 6, Leicester City General Hospital 19, and Gringley-on-the-Hill Children's Hospital 2.

Skin Diseases.

The number of children attending the minor ailment clinics has again increased. The cases attending were summarised as impetigo 380, scabies 551, ringworm 28, and 498 cases of other skin diseases.

VIII.—DENTAL TREATMENT.

The number of children inspected at routine visits to schools was 24,671 and 930 were examined as specials. Most of the specials were children who attended the Saturday clinics for emergency treatment. 14,113 children were referred for treatment and 10,808 were actually treated, an acceptance rate of 76.5.

Included in these figures are 3,142 evacuees inspected, 1,650 referred for treatment and 792 treated. It is very difficult at present to keep separate records of evacuees owing to the fact that so many have returned home and others have now been joined by their parents. For these reasons all evacuees are included in the final statistics.

A large number of sessions, in addition to the above, were devoted to free place scholars in the secondary schools. 895 children were examined, 465 referred for treatment and 365 actually treated. This treatment necessitated 854 fillings and 209 extractions.

The dental treatment of expectant and nursing mothers has been continued and in addition a number of pre-school children have been dealt with.

Another member of the permanent staff was called up for military service at the end of June and a temporary officer appointed in 1941 was re-called to the services at the end of November.

It was possible to replace the permanent officer for a short period but the dentist concerned left after four months' service. Another member of the permanent staff is expecting to be called up at any time.

The present staff consists of four permanent and one temporary officer, and as it is now impossible to obtain temporary dental surgeons it is inevitable that some curtailment in the present service will be necessary.

In addition to the difficulties in obtaining dental officers the same conditions still exist as were referred to last year, and in thanking the staff for the way in which they have overcome these difficulties I would like to assure them that their efforts are fully appreciated.

In spite of their additional duties the teachers still receive us cheerfully and do their best to make working conditions as smooth as possible.

THE CONTROL OF DENTAL CARIES BY MINERAL SALTS.

At the Royal Victoria and West Hants Hospital, Bournemouth, it has, for some years, been the practice to treat those children who have badly decayed teeth or septic mouths with tablets containing a mixture of mineral salts. The tablets are given crushed in water, before breakfast daily, and are administered for one month before any conservative treatment is attempted. Torrens, writing in the British Journal of Dental Surgery 1941, Vol. LXXI, pp. 385-7, gives an account of the results and notes that not only do dental abscesses clear up, septic mouths become healthy, carious areas darken and in many cases harden, but the general alertness of the patient shows a remarkable improvement.

After consultation with Dr. Weaver of the Board of Education it was decided to carry out an investigation to determine the effect of mineral salts on the dental condition of school children. Owing to the depletion of the dental staff, and the inevitable extension of the time between routine inspections, it was hoped that we might, to some extent, control the incidence of caries and thereby counteract the effect of extending the time between inspections.

The co-operation of the parents at Ravenhurst Road School was obtained through the kindness of the Head Master. Fifty boys and fifty girls were selected from the younger children. Half of each group were provided with the salts

and the remainder were chosen to act as controls. The mineral salts were provided in tablet form and had the following composition:—

Potassium citrate	...	...	...	5 gr.
Calcium carbonate	...	...	...	2 3/10 gr.
Potassium chloride	...	...	...	2 1/4 gr.
Calcium phosphate	...	...	...	2 gr.
Sodium chloride	...	...	...	1 3/10 gr.
Calcium citrate	...	...	...	5/6 gr.
Magnesium sulphate	...	...	...	2/5 gr.
Magnesium carbonate	...	...	...	1/2 gr.
Manganese sulphate	...	...	...	1/4 gr.
Iron citrate	...	...	...	2/9 gr.
Potassium aluminate	...	...	...	1/100 gr.
Sodium Silico-fluoride	...	...	...	1/100 gr.
Potassium iodide	...	...	...	1/1000 gr.

Care was taken to avoid any fallacy arising from the method of selecting children, who were simply taken in alphabetical order as their names appeared on the school register. The first 25 boys and 25 girls received the tablets. Each child in this group was provided with 100 tablets and the parents agreed to give one tablet per child each morning before breakfast until the supply was exhausted. It would have been impossible to administer the tablets during school hours and in any case, the parents would have to undertake this part of the experiment if it were proved beneficial to the children.

Each child in both groups was examined before the course of treatment and again at the end of 16 weeks. Records were kept of the dental condition at each inspection. Both examinations were conducted by the same dental officer, and at the second examination he was unaware which children had taken the tablets and which were acting as controls. This method ruled out the possibility of the result being unconsciously biased either in favour of, or against the value of mineral salts.

In some cases it was necessary to extract aching teeth during the period of the investigation but such extractions were not noted in the records to avoid a false estimate of the results.

Four children left school before the final results were known but 96 completed the course (48 having tablets and 48 controls).

The results before and after treatment were as follows:—

Condition of mouth.	Before Treatment.		After Treatment.	
	Mineral salts	Control Group	Mineral salts	Control Group
No. of sound permanent teeth	210	173	208 (+ 93)	157 (+ 80)
No. of decayed permanent teeth	23	23	25 (+ 4)	39 (+ 7)
No. of sound temporary teeth	415	542	343	449
No. of decayed temporary teeth	302	213	310	248
Total sound teeth	...	625	715	551 (+ 93)
Total decayed teeth	...	325	236	335 (+ 4)
Assessment of decay	...	648	460	535
Assessment of sepsis	...	15	13	3
Assessment of gingivitis	...	24	13	3
No. with progress caries	...	41	39	15
No. with arrested caries	...	5	2	32
No. with no caries	...	2	7	1
Co-efficient of caries	...	.682	.483	.573
				.493

Explanation of table:—

Decay, sepsis, gingivitis are assessed according to degree. 0=absence, 1=slight, 2=moderate and 3=severe. With regard to decay, each tooth is considered separately. Results of the examination of all the children in each group were added together.

The co-efficient of caries represents the total assessment of decay divided by the number of teeth present.

The figures in brackets refer to teeth which had erupted during the course of the experiment.

It will be noticed in the first group that 97 new permanent teeth had erupted during the investigation, 4 of which showed signs of caries. The corresponding figures in the control group were 87 and 7 respectively.

The number of carious permanent teeth increased by 2 in the first group and by 16 in the control group. The number of sound temporary teeth decreased in both groups, largely as a result of the natural loss of incisors. Of the decayed temporary teeth there was an increase of 8 in the first group and 35 in the control group. The assessment of decay in the first group showed an appreciable decrease whilst in the control group the figure had risen. The same applied to the co-efficient of caries.

The most striking results were the figures of progressive and arrested state of caries. It is difficult to arrive at anything really definite but it would appear that a slight advantage was gained by the children taking the mineral salts, and this might be more noticeable if the experiment could be continued over a longer period with larger numbers of children.

No change was noticed in the physical condition or alertness of the children, neither was any difference found in the rate of growth of the two groups.

After very careful study of all the children the following is a summary of my conclusions.

1. There is not sufficient evidence to justify the wholesale distribution of these tablets nor to prove that every case of dental caries will be controlled.
2. Evidence is suggestive that in certain cases the administration of mineral salts has a beneficial effect on the teeth and gums.
3. There is sufficient evidence to justify the use of the remainder of the tablets in specially selected cases and a further report submitted.
4. As the supply of several of the ingredients of these salts is at present limited, it might be possible to obtain similar results by advising parents to pay particular attention to the children's diet, especially to those foods which are known to be rich in minerals.

PERCY ASHTON,

School Dental Surgeon.

IX.—NUTRITION.

Children are still classified according to the Board's recommendation and any below normal are, where necessary, provided with mid-day meals and extra milk.

A total of 9,920 children were classified during the course of routine inspections (see table II).

Early in the year an additional 14,108 children were specially examined for this purpose and any definite cases of malnutrition were brought to the notice of the teachers to enable meals and extra milk to be provided.

A glance at the figures in table II shows very little variation from last year. This is a very interesting fact and leads one to think that in spite of conditions there is no real change in the nutritional state of the children. One other point is evident, and this is most important—the medical officers are obviously applying the same standards when classifying the children.

The percentage of last year's classifications were "A" 18.12, "B" 74.88, "C" 6.87 and "D" 0.16 and 18.6, 74.3, 6.9 and 0.2 respectively in 1941.

X.—SUPPLY OF MILK.

The popularity of the milk in schools scheme has continued and all the elementary schools in the county are now taking part. Liquid milk is supplied to 269 schools and the remaining 9 provide full cream dried milk powder. 13 secondary schools and 6 separate evacuee units are also supplied with milk.

For the sake of comparison the following figures show the number of children taking milk in a single day in February, 1942, and February, 1943.

<i>Elementary Schools.</i>	1942	1943
No. of children on the rolls ...	33,272	30,870
Local children taking milk ...	23,614	23,279
Evacuee children taking milk ...	2,808	1,445

The percentage of children taking milk was 79 in 1942 and 80 in 1943.

Milk is supplied free in necessitous cases and 353 local children and 92 evacuees are receiving milk without charge.

The number of children taking milk in the secondary schools was 2,346 in 1942 and 2,565 in 1943.

XI.—PROVISION OF MEALS.

Some advance in the provision of meals has been made during the year, but the additional number of children for whom provision was made has been limited by the non-delivery of equipment. This was most noticeable during the early part of the year, but when more equipment became available additional canteens were opened.

Additional meals have been provided from school kitchens and served in dining halls, classrooms or even school corridors. In some cases canteens have been set up in hired premises with meals served in adjacent halls. Others have been established in premises where cooking facilities only were available, and in these cases the meals are conveyed in insulated containers to the surrounding areas.

Meals are at present supplied in 77 schools under the Elementary Code. The existing scheme provides for further extension to 175 of these schools. The total number of meals served during the year was 864,049, an average of about 5,000 each school day.

Alterations have been made in secondary school kitchens; so far it has been possible to provide 2,182 meals daily in the 14 Grammar Schools of the County.

The feeding of infants and younger children has presented some difficulties not encountered with older children. More detailed supervision is necessary in serving and general training. Small children take longer to become accustomed to a different diet, though in most cases they adapt themselves after the first few weeks to the kind and quantity of food provided.

XII.—PHYSICAL EDUCATION.

Report of the Organisers of Physical Education for the year ended 31/12/42.

1. General.

By reason of the prolongation of the war, it is increasingly difficult to maintain a normal standard of physical training in the schools. Reasons operating against progress are the frequent changing of teachers, the return of teachers who had left the service before the introduction of the 1933 Syllabus of Physical Training, the lack of men teachers, and the shortage of equipment and suitable clothing.

In spite of these obstacles many teachers are to be congratulated on maintaining their enthusiasm for this branch of education, because they realise that the health and efficiency of the children under their care depends to a great extent upon the daily physical education lesson.

Teachers are reminded, however, that the main objectives of the training must not be lost in the teachers' endeavour to make the lesson interesting and enjoyable. "Frills" must not be mistaken for "Fundamentals." It is possible that this danger may threaten not only those "retired" teachers who have returned to service in the schools, but also those who are constantly engaged in teaching physical activities. There is consequently a call for constant reiteration of fundamental points; for emphasis on things that really matter. It would help to keep the training in its true perspective if teachers would ask themselves such simple questions as:—Do the children in my class hold themselves well, not only during the physical training lesson, but at other times? Can they move about quickly, quietly and with control? Are they light on their feet, and easy and quick in their movements in everyday life? Do they show by their faces and bearing when they return to the classroom that they are invigorated by the exercise and fresh air? Do the children prefer the warmth of the school stove at playtime to the warmth gained by vigorous outdoor movement? The answers to these questions will indicate the results of the training, and will provide the teacher with a sure indication of the children's progress.

2. Teachers' Classes.

Five short courses for women teachers were held during the year:—

- (a) Harby 6 weeks' course
- (b) Croxton Kerrial 5 weeks' course
- (c) Thurmaston Roundhill Modern... 4 days' course
- (d) Market Bosworth Modern ... 6 weeks' course
- (e) Market Harborough 6 weeks' course

The classes were well attended.

3. *Recreational Courses for Leaders.*

A ten weeks' continuation course for women leaders was held at Hinckley during the summer term.

Leaders also attended courses held at Loughborough, Lowther, and Harrogate.

4. *Evening Classes.*

Classes in physical recreation have been held at the following centres:—

Ashby-de-la-Zouch, Market Bosworth, Sileby, Great Dalby, Coalville, Kegworth, Braunstone, Melton Mowbray, Hinckley.

As physical training forms part of the training of the two pre-service organisations—the A.T.C. and the G.T.C.—large numbers of young people are being catered for outside as well as inside the Committee's Evening Classes.

5. *Swimming.*

As many of the baths have been taken over by military and civil authorities, facilities for school swimming instruction have been curtailed. The results obtained by those schools which could still visit the baths were satisfactory.

						Boys.	Girls.
No. attending baths	...	...	...	...	...	680	613
Non-swimmers	...	...	...	...	...	201	259
Swimmers not graded	...	...	...	...	...	114	106
Swimmers—Grade 1	...	...	...	...	...	124	139
Swimmers—Grade 2	...	...	...	...	...	82	92
Swimmers—Grade 3	...	...	...	...	...	41	27
Swimmers—Grade 4	...	...	...	...	...	91	18
Life-saving awards—							
Elementary	...	...	...	...	...	—	—
Intermediate	...	...	...	...	...	19	7
Bronze	...	...	...	...	...	8	4
No. of girls who have learned to swim	...	...	...	...	...	178	
No. of boys who have learned to swim	...	...	...	...	...	178	

6. *Out of School Activities.*

The annual county netball tournament was held at the Wyggeston Girls' School in March. Twenty-eight teams took part.

District netball tournaments were held during the Christmas term at Leicester, Loughborough and Ashby. Forty-three teams took part.

The annual county rounders rally was held at the Aylestone playing fields in June. Forty-two teams took part.

M. D. O. COLE,

D. MILLER,

Organisers of Physical Education.

XIII.—PHYSICALLY AND MENTALLY DEFECTIVE CHILDREN.

The registers of physically and mentally defective children are kept up to date as far as possible, but in these days of transport difficulties it is not always practicable to arrange special examinations as quickly as one could wish.

XIV.—EMPLOYMENT OF CHILDREN AND YOUNG PERSONS.

All children applying for permission to undertake employment are medically examined before they are allowed to commence work.

The work upon which the children are engaged usually consists of delivery of newspapers, general errands and delivery of milk. The number of cases examined during the year was 106.

XV.—HYGIENIC CONDITIONS OF SCHOOLS.

The assistant school medical officers inspect the hygienic conditions of the schools during their visits for the purpose of medical inspections.

All defects of a serious nature are reported immediately to the architects' department or to the managers as the case may be.

XVI.—SECONDARY SCHOOLS.

Medical Inspection and Treatment.

The approximate number of children on the rolls of the secondary schools during the year was 4,486.

The number of children medically examined during the year was 2,148, and 404 were found to require treatment. Last year the corresponding figures were 1,719 and 448 respectively.

Medical and dental treatment is available for free place scholars and children whose fees are part paid by the authority. The scheme has not yet been fully developed but all urgent cases are dealt with as quickly as possible.

XVII.—EVACUATION.

The number of evacuees in the county has diminished considerably during the year and the approximate number now residing in this area is only 3,924.

Hostels are still available for cases of skin disease and children who cannot be accommodated in ordinary billets owing to some social abnormality.

Two of these hostels—Bufton Lodge, Desford, and The Hall, Saddington, are under the direct control of this department, and others are administered by the district councils. All admissions and discharges are arranged through my department and transport is provided and charged to the evacuation account of the Ministry of Health.

The following is a list of the hostels in the county:—

							No. of Beds
Bufton Lodge, Desford	...	...	...	...	...	...	40
Saddington Hall	...	...	...	...	...	...	25
92 St. Mary's Road, Market Harborough	...	...	...	...	...	...	25
Netherby, Leicester Road, Hinckley	...	...	...	...	...	...	15
Windy Brow, Burton Road, Melton Mowbray	...	...	...	...	...	...	25
Roundhill House, Thurcaston	...	...	...	...	...	...	34
Stoneycroft, Station Road, Earl Shilton	...	...	...	...	...	...	23
The Beeches, Ravenstone	..	...	...	...	...	...	20
The Grange, Saddington	...	...	...	...	...	...	40
Island House, Loughborough	...	...	...	...	...	...	15
The Hall, Heather	...	...	...	...	...	...	40
Stoke Lodge, Stoke Golding	...	...	...	...	...	...	35

School Clinics.

The number of evacuees attending the school clinics was as follows:—

		No. of Children Treated	Total Attendances
Coalville	111
Hinckley	48
Market Harborough	258
Melton Mowbray	40
South Wigston	91
Leicester	22

Medical Treatment.

The facilities for treatment are available for evacuees in the same way as for our own children.

Dental Treatment.

The number of children examined by the dental surgeons was 3,142. Of this number 1,650 were referred for treatment and 792 were actually treated. The treatment of these cases necessitated 840 extractions and 1,128 fillings.

Defective Vision.

The school oculist undertakes the refraction of any child referred for treatment of defective vision. Glasses are supplied through the department's opticians and the cost charged to the appropriate authority.

ELEMENTARY SCHOOLS.

TABLE I.

Medical Inspection of Children Attending Public Elementary Schools,
Year ended 31st December, 1942.

A.—Routine Medical Inspections.

Number of Code Group Inspections.

Entrants	...	...	...	...	...	...	...	3,999
Second Age Group	...	...	...	...	...	...	...	2,723
Third Age Group	...	...	...	...	...	...	...	2,710
							Total ...	9,432
Number of other Routine Inspections	...	...	...	...	...	...	...	488
							Grand Total ...	9,920

B.—Other Inspections.

Number of Special Inspections and Re-Inspections 22,938

TABLE II.

Classification of the Nutrition of Children Inspected during
the Year in the Routine Age Groups.

No. of Children Inspected	A (Excellent)		B (Normal)		C (Slightly sub- normal)		D (Bad)	
	No.	%	No.	%	No.	%	No.	%
9920	1798	18.12	7424	74.88	682	6.87	16	0.16

TABLE III.

Group I.—Treatment of Minor Ailments (excluding uncleanliness).

Total number of defects treated or under treatment during the year 2,581

Group II.—Treatment of Defective Vision and Squint.

Errors of refraction (including squint) 1,764

Other defect or disease of the eyes (excluding those recorded in Group I.) 188

Total 1,952

Number of children for whom spectacles were

(a) prescribed 1,612

(b) obtained 1,321

Group III.—Treatment of defects of nose and throat.

Number of children who received operative treatment ... 280

TABLE IV.

Dental Inspection and Treatment.

(1) Number of Children who were Inspected by the Dentist:

(a) Routine Age Groups 24,671

(b) Specials 930

(c) Total (Routine and Specials) 25,601

(2) Number found to require treatment 14,113

(3) Number actually treated 10,808

(4) Attendances made by children for treatment 14,135

(5) Half-days devoted to:—

Inspection 424

Treatment 2,375

Total ... 2,799

(6) Fillings:—

Permanent Teeth 13,075

Temporary Teeth 12

Total ... 13,087

Dental Inspection and Treatment—continued.

(7) Extractions:—

Permanent Teeth	...	...	...	...	...	...	989
Temporary Teeth	...	...	...	...	...	...	11,256
							<hr/>
						Total ...	12,245

(8) Administrations of general anæsthetics for extractions 1

(9) Other Operations:—

Permanent Teeth	...	...	...	...	...	...	205
Temporary Teeth	...	...	...	...	...	...	13
							<hr/>
						Total ...	218

TABLE V.*Verminous Conditions.*

(i.) Average number of visits per school made during the year by the School Nurses	...	...	...	...	...	...	5.7
(ii.) Total number of examinations of children in the Schools by School Nurses	...	...	...	...	...	...	114,813
(iii.) Number of individual children found unclean	...	...	...	...	...	...	6,607
(iv.) Number of individual children cleansed under Section 87 (2) and (3) of the Education Act, 1921	...	...	...	...	...	...	—
(v.) Number of cases in which legal proceedings were taken:—							
(a) Under the Education Act, 1921	...	...	...	...	...	...	—
(b) Under School Attendance Byelaws	...	...	...	...	...	...	1